

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

**10/570591**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
10		1		1		
11		1		1		
12		1		1		
13	1		1			
14		1		1		
15		1		1		
16		1		1		
17	1		1			
18	1		1			
19	1		1			
20		1		1		
21		2		1		
22		①		1		
23		①		1		
24		①		1		
25		①		1		
26		①		1		
27		①		1		
28		①		1		
29		①		1		
30		①		1		
31	1		1			
32		1		1		
33		2		1		
34		①		1		
35	1		1			
36	1		1			
37						
38						
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	8	↓	8	↓	0	↓
TOTAL DEP.	30	←	28	←	0	←
TOTAL CLAIMS	38		36		0	

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	0	↓	0	↓	0	↓
TOTAL DEP.	0	←	0	←	0	←
TOTAL CLAIMS	0		0		0	